



**Community Services Department
Fee Assistance Program
FY 2015/16**

If you need assistance completing the Fee Assistance Application or need more information, please call (925) 931-5340.

CONFIDENTIAL INFORMATION

Date: _____

☐ Individual

☐ Household (Two or more in family)

Applicant's Name: _____

Address: _____

Home Phone: _____ **Mobile Phone:** _____

Email address: _____

Household members to be included in the fee assistance program (including yourself, list all family members reflected on your tax return)

Name	Date of Birth	M/F	Name	Date of Birth	M/F

Employer Information: *(List all household member's employers) – Attach separate sheet if necessary*

Name: _____

Name: _____

Address: _____

Address: _____

Annual household income in 2014: \$ _____

Number of people in your Household: _____

☐ **Proof of Residency required at time of application.**

Documentation of income required:

☐ 2014 Federal Income Tax Return **AND** current pay stub

OR

☐ 2014 Social Security Statement **AND** current bank statement.

I hereby certify that the annual household income indicated on this application represents all persons living in the household and all means of support from employment income and government assistance.

Signature

Date

The following optional information will only be used for statistical reporting and is completely confidential:

How did you learn about the Fee Assistance Program? _____

What is your primary household language? _____

Qualified applicants will be considered without regard to race, color, national origin, gender, age, medical condition, marital status, or religious belief.

In accordance with the Americans with Disabilities Act (ADA), if special accommodations are necessary at any stage of the application process, please provide the Community Services Department with advance notice and every attempt will be made to consider your request.